



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
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DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

INFORMATIONAL LETTER NO. 773

DATE: December 26, 2008

TO: Iowa Medicaid Dental Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: Adult Dental Services - Change in Covered Services
Procedures Requiring Prior Authorization

Dental services including crowns, posts and cores on posterior teeth and anterior teeth that have not had a root canal treatment, periodontal services, and endodontic services on posterior teeth are covered under the regular Medicaid policy for adults 21 years of age and over. These services had been excluded from coverage for adults, but will again be covered for dates of service on or after December 1, 2008.

In order to ensure that programming changes to the claims payment system have been completed, please do not submit your claims until after **January 1, 2009**.

Prior approval must be obtained for procedures designated on the attached list as requiring prior authorization before any Medicaid payment can be made.

Orthodontia treatment services for adults remain excluded from coverage. The following list of codes are not covered for adults 21 years of age and over.

D0145	Oral evaluation for patient under three years of age
D1120	Prophylaxis – child
D1203	Topical application of fluoride - child
D2930	Prefabricated stainless steel crown, primary tooth
D8070	Comprehensive treatment of transitional dentition
D8080	Comprehensive treatment of adolescent dentition
D8090	Comprehensive treatment of adult dentition
D8690	Active treatment, transfers
D8210	Removable appliance therapy to control harmful habits
D8220	Fixed appliance therapy to control harmful habits
D8999	Unspecified orthodontia procedure

Dental Procedures That Require Prior Approval

D2710 – D2792	MORE THAN TWO IN A 12 MONTH PERIOD
D3346	RETREATMENT OF PREV ROOT CANEL THERAPY - ANTERIOR
D3347	RETREATMENT OF PREV ROOT CANAL THERAPY – BICUSPID
D3348	RETREATMENT OF PREV ROOT CANAL THERAPY – MOLAR
D3410	APICOECTOMY/PERIADICULAR SURG - ANTERIOR
D3421	APICOECTOMY/PERIADICULAR SURGERY – BICUSPID
D3425	APICOECTOMY/PERIRADICULAR SURGERY - MOLAR
D3426	APICOECTOMY/PERIRADICULAR SURGERY, EACH ADDITIONAL TOOTH
D3430	RETROGRADE FILLING, PER ROOT
D3450	ROOT AMPUTATION, PER ROOT
D4210	GINGIVECTOMY OR GINGIVOPLASTY- 4 OR MORE TEETH PER QUADRANT
D4211	GINGIVECTOMY OR GINGIVOPLASTY – 1 TO 3 TEETH PER QUADRANT
D4260	OSSEOUS SURGERY – 4 OR MORE TEETH PER QUADRANT
D4261	OSSEOUS SURGERY – 1 TO 3 TEETH PER QUADRANT
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT
D4270	PEDICLE SOFT TISSUE GRAFT
D4271	FREE SOFT TISSUE GRAFTS (INCLUDING DONOR SITE SURGERY)
D4275	SOFT TISSUE ALLOGRAFT
D4341	PERIODONTAL SCALING AND ROOT PLANING – 4 OR MORE TEETH/QUADRANT
D4342	PERIODONTAL SCALING AND ROOT PLANING – 1 TO 3 TEETH/QUADRANT
D4910	PERIODONTAL MAINTENANCE
D5211 – D5214	
D5225 – D5226	PARTIAL DENTURE REPLACING POSTERIOR TEETH
D5861	OVER DENTURE - PARTIAL
D5862	PRECISION ATTACHMENT
D6010	ENDOSTEAL IMPLANT
D6053	IMPLANT/ABUTMENT SUPPORTED OVERDENTURE FOR COMPLETELY EDENTULOUS ARCH
D6054	IMPLANT/ABUTMENT SUPPORTED OVERDENTURE FOR PARTIALLY EDENTULOUS ARCH
D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR
D6056	PREFABRICATED ABUTMENT – INCLUDES PLACEMENT
D6057	CUSTOM ABUTMENT - INCLUDES PLACEMENT
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN
D6061	ABUTMENT SUPPORTED NOBLE METAL CROWN
D6071	ABUTMENT SUPPORTED RETAINER PORCELAIN FUSED TO NOBLE METAL
D6078	FIXED OVERDENTURE COMPLETELY EDENTULOUS ARCH
D6079	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE-PARTIALY EDENTULOUS ARCH
D6205	PONTIC – INDIRECT RESIN BASED COMPOSITE
D6210	PONTIC - CAST HIGH NOBLE METAL
D6211	PONTIC, -CAST PREDOMINANTLY BASE METAL

D6212	PONTIC - CAST NOBLE METAL
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL
D6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL
D6252	PONTIC - RESIN WITH NOBLE METAL
D6545	RETAINER – CAST METAL FOR RESIN BONDED FIXED PROSTHESIS
D6710	CROWN - INDIRECT RESIN BASED COMPOSITE
D6720	CROWN - RESIN WITH HIGH NOBLE METAL
D6721	CROWN - RESIN WITH PREDOMINANTLY BASE MET
D6722	CROWN - RESIN WITH NOBLE METAL
D6750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL
D6751	CROWN - PORCELAIN FUSED TO PREDOMINATELY BASE METAL
D6752	CROWN - PROCELAIN FUSED TO NOBLE METAL
D6780	CROWN – ¾ CAST HIGH NOBLE METAL
D6790	CROWN - FULL CAST HIGH NOBLE METAL
D6791	CROWN, - FULL CAST PREDOMINANTLY BASE METAL
D6792	CROWN - FULL CAST NOBLE METAL
D6940	STRESS BREAKER
D6950	PRECISION ATTACHMENT
D8060*	INTERCEPTIVE ORTHODONTIC TREATMENT (* Not covered for adults 21 years and over)
D8070*	TREATMENT OF TRANSITIONAL DENTITION (* Not covered for adults 21 years and over)
D8080*	COMPREHENSIVE ORTHODONTIC TREATMENT/ADOL (* Not covered for adults 21 years and over)
D8210*	REMOVABLE APPLIANCE THERAPY (* Not covered for adults 21 years and over)
D8220*	FIXED APPLIANCE THERAPY (* Not covered for adults 21 years and over)
D8680*	ORTHODONTIC RETENTION (* Not covered for adults 21 years and over)
D8692*	REPLACEMENT OF LOST/BROKEN RETAINER (* Not covered for adults 21 years and over)

NOTE: A request for prior authorization for any service identified as not covered for adults or not listed as payable on the Dental Medicaid Fee schedule will be denied. Unusual or exceptional situations that do not meet the established criteria or require a non-payable procedure should be submitted as an exception to policy request. An exception to policy request may be submitted on-line at http://www.dhs.state.ia.us/dhs/appeals/exceptions_policy.html, or by mail to: Department of Human Services, Appeals Section, 1305 East Walnut Street, 5th Floor, Des Moines, Iowa 50319

If you have any questions, please contact IME Provider Services, 1-800-338-7909, locally 515-725-1004 or by e-mail at imeproviderservices@dhs.state.ia.us